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Kansas CMS Emergency Preparedness CoP Newsletter

Issue 3 February 2017

Impact of CMS' Emergency Preparedness Regulation at Federally Qualified Health Centers

Federally Qualified Health Centers (FQHC) or Community Health Centers (CHC) have been serving in communities across the United States for 51 years; the first CHCs opened to serve the underserved populations in Bolivar County, Mississippi and in the Columbia Point housing project in Boston Massachusetts and has grown into a health system of over 1,300 health centers.

FQHC's are community-based and are required to operate under a patient-majority governing board. They provide comprehensive primary and preventive services targeting the underserved and vulnerable populations within the communities in which they live. Ensuring the care of these patients and recognizing the need to be prepared for and respond, in the event of an emergency is an essential function of a CHC.

The Health Resources and Services Administration (HRSA) issued a Policy Information Notice (PIN) on August 22, 2007 numbered [2007-15](#). This PIN defines the emergency preparedness program expectations of CHCs into three categorical areas: Emergency Management Planning, Linkages and Collaborations, and Communication and Information Sharing.

As with any organization, the development of an emergency plan is imperative but cannot stand alone. The ability to connect the community, appropriate stakeholders and partners determines the capacity to successfully implement an emergency plan. To be successful the plan must be able to minimize the disruption of services for patients, assure the health center's ongoing financial and organizational well-being, and link the health center to the local community response.

So, how does the CMS regulation impact the CHC? The regulation builds upon existing requirements such as the requirement to use the all-hazard risk assessment, to build policy and procedures which provide clear direction in the event of an emergency. CMS' regulation also moves activities that had been "suggested" in PIN 2007-15, into a category of being required, with the additional drills representing a significant burden to their operations.

These movements were intentional and based on CMS' determination that while entities have emergency plans, the programs were not well executed at the time of crisis and health centers were insufficiently prepared to handle patient surge after a disaster. CMS also determined that although an increased focus on emergency preparedness was occurring, state and local governments were reducing emergency preparedness funding between 2010-2012. The full extent of the impact of CMS' regulations remains unclear for how compliance will be measured, so like others impacted we are looking forward to receiving the guidance manual.

"This final rule issues emergency preparedness requirements that establish a comprehensive, consistent, flexible, and dynamic regulatory approach to emergency preparedness and response that incorporates lessons

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CMS Conditions of Participation and Accreditation Organizations Crosswalk

The Yale New Haven Center for Emergency Preparedness and Disaster Response Emergency Preparedness CMS Conditions of Participation & Accreditation Organizations Crosswalk was created in collaboration with a number of national subject matter experts. Emergency and disaster related program, policy, communication, training and exercise elements of regulatory and accreditation standards were mapped to the CMS Emergency Preparedness Conditions of Participation. Every effort was made to ensure that the mapped regulations and accreditation standards matched as closely as possible. However, this document should be used only as a resource for reviewing and updating healthcare emergency preparedness plans and does not replace existing federal, local, or association guidance. Feedback and recommendations related to the crosswalk should be sent to center@ynhh.org. The link is at: <http://files.constantcontact.com/d901e299001/51f80a78-4ff1-4585-8270-f2aea6d39172.pdf>.

17 Provider Types

There are 17 provider types that are affected by this rule. They are:

- Hospitals
- Religious Nonmedical Health Care Institutions
- Ambulatory Surgical Centers
- Hospices
- Psychiatric Residential Treatment Facilities
- Programs of All-Inclusive Care for the Elderly
- Transplant Centers
- Long-Term Care Facilities
- Intermediate Care Facilities for Individuals with Intellectual Disabilities
- Home Health Agencies
- Comprehensive Outpatient Rehabilitation Facilities
- Critical Access Hospitals
- Clinics, Rehabilitation Agencies, and Public Health Agencies as Providers of Outpatient Physical Therapy and Speech-Language Pathology Services
- Community Mental Health Centers
- Organ Procurement Organizations
- Rural Health Clinics and Federally Qualified Health Centers
- End-State Renal Disease Facilities

Kansas Health Alert Network

The Kansas Health Alert Network (KS-HAN) is an internet-based, secure, emergency alerting system that allows general public health and emergency preparedness information to be shared rapidly.

KS-HAN has the ability to alert registrants by organization, occupation, county, or group through e-mail, work and cell phone, and SMS text.

Since KS-HAN is the primary system used by KDHE for communication during an emergency, it is important to ensure that your organization's registrants and their contact information are kept updated.

KS-HAN is an invitation-only system. To request an invite code or for technical assistance, e-mail your name, organization, phone number, and employer to the KS-HAN Administrator at kdhe.kshanadmin@ks.gov

You will receive an invite code by e-mail that you will be required to enter, along with your e-mail address, during registration.

Kansas Clarification

Q: In the past, new facilities seeking licensure needed an approved Comprehensive Emergency Plan from local officials. Who will review and approve plans for the new facilities in order for them to obtain their licensure?

A: It is important to bear in mind that state licensure and certification for CMS Medicare participation are two separate issues. Kansas State regs for health facilities may be found at: <http://www.kdheks.gov/bhfr/regs/index.html>. Review of policies for facilities seeking state licensure focus on the requirements of the state regulations, not CMS Conditions of Participation for Certification. Health facilities seeking CMS Certification for Medicare participation are making a business decision and would be responsible to follow CMS CoPs for participation which would include the Emergency Preparedness CoPs. The state agency would not be involved in the development of these CMS CoPs Emergency Preparedness policies and would not offer a review of them; however, we would survey for them when state surveyors arrive on-site for CMS Certification surveys. To reiterate, the State Agency, when reviewing new facility licensure applications will review the application and accompanying policies based on the state regs and not CMS CoPs.

Below are a few examples of the requirements for emergency preparedness requirements pulled from the Kansas State regs.

Hospitals 28-34-3

(f) Internal disaster plan. The hospital shall establish a workable plan with the nearest fire department for firefighting service. The hospital shall provide the fire department with a current floor plan of the building. The floor plan shall show the location of firefighting equipment, exits, patient rooms, places where flammable and explosive gases are stored, and any other information that the fire department requires. The hospital shall also develop an internal disaster and fire plan incorporating evacuation procedures. These plans shall be made available to all personnel and shall be posted throughout the building. Each employee shall participate in the duties delegated to them under the safety program and shall be instructed in the operation of the fire warning system, the proper use of firefighting equipment, and the procedure to follow in the event that electrical power is impaired.

(g) External disaster plan. The hospital shall establish written plans, based on its capabilities, for the proper and timely care of casualties arising from external disasters. The disaster plan shall be developed in conjunction with other emergency facilities in the community so that adequate logistical provisions are made for the expansion of the activities of the hospital in coordination with the activities of other facilities. The external disaster plan shall be rehearsed at least twice a year, preferably as part of a coordinated drill in which other community emergency service agencies participate. The drills shall involve professional, administrative, nursing, and other hospital personnel. A written report and evaluation of all drills shall be maintained for at least two years. (Authorized by and implementing K.S.A. 65-431; effective May 1, 1986.)

ASCs 28-34-61

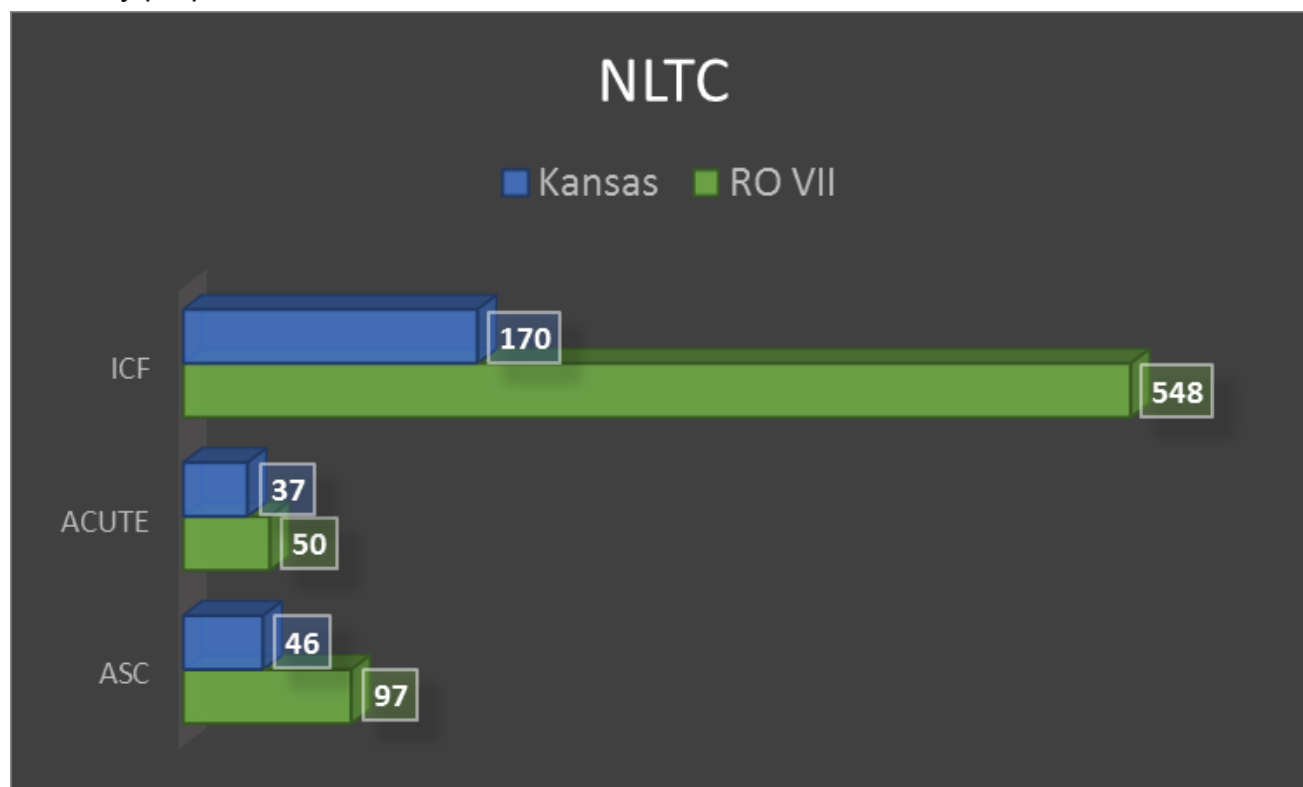
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(3) Each fire extinguisher shall be the type approved by underwriters laboratories. Extinguishers shall be inspected and tagged annually to assure that nothing has been tampered with or moved from designated areas. All extinguishers shall be functional. *Continued on page 8.*

Most Frequently Cited Life Safety Code Violations

Katharine Achor, Frank Tratchel and Victoria Vachon, CMS RO VII

Fires, floods, power outages and natural disasters are just a few variables to be considered for an effective, operationalized and comprehensive risk assessment plan. Regionally, there were a few frequently cited deficiencies in Nursing Homes, ICF/IIDS, Hospitals and Ambulatory Surgery Centers. The graphics below provides a quick visual of how Kansas fared by proportion, with the other RO VII states.



LSC deficiencies in KS ICF/IID were 31% of the citation average for our four state region in CY 2016. Hospital citations in KS were 74% of total regional citations (including KS) and 47% for Ambulatory Surgery Centers.

Immediate Jeopardy was identified as frequently within state as the rest of the region. Three of the four citations at IJ level were cited in Kansas for deficient practices related to emergency lighting, fire alarm systems and fire extinguishers.

A brief description of the Top 10 Life Safety Code citations are noted below.

K511/K147 – Electrical

- Unacceptable use of power strips (Daisy-chained, high-current draw devices, medical equipment)
- Improperly rated power strips in use in rooms with line operated medical equipment:
 - Patient care-related electrical equipment must be Special-purpose Relocatable Power Taps (SPRPT) listed as UL 1363A or UL 60601-1
 - Non- patient-care-related electrical equipment must be Relocatable Power Taps (RPT) listed as UL 1363
- Missing junction box, light switch, or electrical outlet cover plates
- Extension cords being used for more than temporary use

K712/K50 – Fire Drills

- Fire drills must be documented (Time, date, transmission of alarm, etc.)
- Fire drills must be conducted at a frequency of one per shift per quarter
- Fire drills must be conducted under varying conditions (Time during shift – at least one hour difference on the same shift, location, type of fire, etc.)

K363/K18 – Corridor Doors

- Corridor doors can be held open with a device that releases with a push or pull of the door, if the door is **not required** to be self-closing (such as doors to hazardous areas) or automatically releases upon activation of the fire alarm system if required to be self-closing
- Corridor doors in sprinklered buildings must be smoke resisting (gap between the face of door and the stop on the frame cannot exceed .5 inches). Corridor doors in nonsprinklered buildings must be 20 minute fire resistance rated or be 1.75 inches solid-bonded wood core and must be smoke resisting (gap between the face of the door and the stop on the frame cannot exceed .25 inches)
- Corridor doors require automatic positive latches/no roller latches
- Double doors need to be smoke resisting (astragal in between doors)

K353/K62 – Sprinkler System Inspection, Testing, and Maintenance

- Sprinklers cannot be painted, corroded/oxidized, loaded, or have other impediments
- The spare sprinkler cabinet must contain at least six sprinklers, with the stock being at least two of each type and temperature rating of sprinkler installed in the building. Also, there must be a special sprinkler wrench for each type of sprinkler
- Sprinkler systems must be maintained quarterly
- Antifreeze loops need to be inspected and tested annually –this information (including the type of antifreeze used and concentration) must be on the forms

K372/K25 – Smoke Barriers

- Continuity of smoke barriers (Outside wall to outside wall or other smoke barrier and from floor to roof/floor deck above)
- Properly fire-stopped penetrations on both sides of the barrier (Existing penetrations must resist the passage of smoke. New penetrations need an approved through penetration system)
- Properly fire-stopped smoke barrier/floor joint systems (flutes of corrugated metal decks cannot be left open or be filled with only insulation or other loose filled material)
- Expandable foam cannot be used (Fire rated expandable foam does not contain a fire resistance rating. It only has a flame spread rating)

K372/K25 – Smoke Barriers

- Smoke barriers must be continuous to the roof deck of a roof/ceiling assembly

K379/K25 – Smoke Barrier Door Glazing

- Data error with conversion to 2012 Life Safety Code (Refer to above information - K372/K25 – Smoke Barriers)

K161/K12 – Building Construction Type and Height

- Maintain ceilings to be fire-rated or smoke resisting depending on the construction type of the structure.
- Class A designation refers to material that may ignite but will not sustain a flame. It is an interior finish designation that describes how a flame will move *across* the surface. **Class A is not a fire-resistance designation.**
- Fire-rated assemblies are tested and certified in their entirety. These designs are identified in the UL Fire Resistance Directory. This refers to the period of time the assembly will serve as a barrier to the spread of fire and how long fire resistance the assembly can function structurally after it is exposed to a fire. This describes how fire will move *through* the surface and is also called the assembly's fire endurance.

K321/K29 – Hazardous Areas

- Doors for nonsprinklered hazardous areas must be at least 45 minute fire resistance rated with unpainted labels on each door and frame (Existing HC)
- Hazardous area enclosures may need to be 1 hour fire resistance rated in addition to requiring sprinkler protection (New HC and severe hazard existing HC)
- Doors for all hazardous areas need to fully self-close (All hazardous room doors will be tested on a survey)
- Soiled utility bins need to be stored in a hazardous room when unattended
- Doors can only be held open by a device that releases upon activation of the fire alarm system, local smoke detectors, and/or the sprinkler system

K914/K147- Electrical Systems Maintenance and Testing

- Data error with conversion to 2012 Life Safety Code (Refer to above information - K511/K147 – Electrical)

K291/K46 – Emergency Lighting

- Emergency lighting is required to last a minimum of 90 minutes. Battery pack units must be tested for 30 seconds monthly and 90 minutes annually. The documentation must include an individually itemized device list.
- Emergency lighting must be provided all the way to the public way (an area of safety/a street or similar area open to the outside air and dedicated to public use).

Local Emergency Planning Committee

Local Emergency Planning Committees (LEPCs) work to understand the hazards in the community, develop emergency plans in case of an accidental release or natural disaster, and look for ways to prevent accidents. The role of LEPCs is to form a partnership between local governments and industries to enhance all-hazards preparedness.

Industry must be a part of this planning process to ensure facility plans are compatible with local emergency plans.

For more information and for your county's point of contact visit <http://maps.kansastag.gov/lepc/>

Laundry Fire Prevention

Katharine Achor, CMS RO VII

Facility laundry fires are one of the more common incidences reported. Most of these are associated with the dryer. Commercial dryers have all the ingredients: heat, fuel, and air. This notice is a reminder of safe laundry operations.

1. Whenever dryers are in use - the laundry must be staffed, and staff shall be knowledgeable of who is using the dryer and what its contents are. A clothes dryer should never be left unattended while operating.

2. Preventive maintenance should be provided to all dryers, including:

A. The temperature probe must be maintained clean and functioning properly. Some models of commercial clothes dryers have a temperature probe inside the drum or a box that controls the upper temperature cut-off switch. When the temperature probe is covered with lint, it acts as an insulator, preventing heat transfer. In this case, the dryer continues to supply heat to the load in the dryer, even to the point of ignition.

B. The thermostat control must be maintained, and staff understand: what loads, require which heat setting, over what time period.

C. Lint should not be allowed to build up in the dryer case, exhaust pipes or traps. Staff must inspect and clean all lint after each day's use of the dryers. Staff should verify daily that air is exhausted through the exhaust prior to using the dryers. If lint is accumulating on sprinkler heads, heat detectors, or anywhere outside the dryer exhaust system, there is a problem which needs to be checked by a mechanical contractor. Lint should not accumulate on the building exterior (roof, wall, or ground).

3. Dryers shall only be used by knowledgeable staff, understanding the following:

A. **NEVER dry rubberized material, or material which may contain cleaning solvents, such as, mop heads or rags. (The most common cause of dryer fires) Dryers should not handle clothing, rags, or mop heads previously cleaned or soaked in flammable or combustible materials such as gasoline, degreasers, or flammable chemicals such as floor wax. Cooking oils and greases are other culprits to keep out of a dryer because of the threat of combustion.**

B. Know what time and temperature setting is needed for different materials, such as, cotton, wool, or synthetic, etc.

C. Know that preventive maintenance has been provided (have a log), and the equipment is safe. Report any problem to maintenance for repair.

D. Know the manufacturer's safety precautions.

E. **When hot, dry material is removed from the dryer into a cart, process it quickly, so heat does not build-up in the cart.**

Laundry Fire Prevention—cont.

F. Know how to use laundry safety equipment, the fire plan, and practice fire drills.

4. Gas fueled dryers must have the proper amount of combustion air (intake grills shall be maintained clean and clear). This prevents incomplete combustion, which produces carbon monoxide gas. The laundry and adjacent spaces should be equipped with carbon monoxide detectors.

Life Safety Code Process in Kansas

In the state of Kansas, and during the construction phase of health facility buildings, the KDHE Health Facilities Program tracks and refers to the State Fire Marshal all inspection requests from architects at the 50% and 100% completion points of the project. Architects are required to contact the Health Facilities Program 30 days prior to 50% and 100% completion dates to schedule State Fire Marshal inspections. Also, during normal survey processes the State Fire Marshal will also conduct LSC inspections of health facilities. Any deficiencies noted will require a plan of correction and any immediate jeopardy situations noted must be rectified while the State Fire Marshal is on-site.

Preparedness Resources

Kansas Clarification continued

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(1) Develop a written fire evacuation plan. Drills shall be held according to the facility's policies and procedures to prepare employees for evacuation of patients, staff, and visitors Ambulatory during a fire emergency. A record of each drill shall be kept on file.

(2) Develop a written plan for addressing the safety of patients, staff, and visitors during disasters. Periodic drills shall be held, and a record of each drill shall be kept on file.

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